State of California, Department of Corrections–Institution: SCC Prior Page Number:

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
	6-28-06 10 AM ō S/I ō Hx S/A
	N.B.: death in fam 3/06 –
	really bad to be in prison –
	↑ irritable, ↓ sleep, ↓ ambition
	Ⓢ OK per sleep / wgt.
	stable @ 290 lb
	Ⓞ OK – ? short (but polite), [illegible]
	Ⓐ 1° = depression
	Ⓟ Add Benadryl 25mg
	Add Remeron 15mg
	[illegible] [illegible] 60mg
pt. agrees	[illegible signature]

Page #

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: First Name: MI: CUNNINGHAM, JAMES V72323 02/16/58 CDC#______ DOB __/__/__

VOS 20399

State of California, Department of Corrections–Institution: S.C.C Prior Page Number:

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
5/9/06	Chart Review F/U ƥ IDTT (4/27/06)
	– I.M. apparently referred by DR. Church (note 3/2/06) to IDTT "for review" ? I.M.'s concern re: possible housing Δ to gym
	– IDTT 4/27/06 Rec: / Action Plan / Other as follows:
	– Cont. Same Tx Plan
	– Cont. CC Mgt F/U ≈ 30 days (this clinician if I.M. cont. housing Bldg 5)
	– I.M. assessed as "Not EOP" (at IDTT & prior eval, see note MH 3 5/3/06)
	– I.M. due for IDTT Annual ≈ 7/21/06
	– Update MH 2 (last 7/21/05), prior to "
	– Update MH 4 (last 7/13/05) PRN, " "
	– I.M. stable, however requesting appt. c̄ Psychiatrist, DR. Church (specifically) re: desires "Benadryl", ? sleep disturbance vs. ↓ tolerance for delay in sleep onset.
	– Appt c̄ Dr. Church 5/18/06 re: aforementioned.
	* Note: In last sev contacts c̄ this clinician I.M. appears c̄ request/concern c̄ secondary gain &/or apparent underlying motive(s). [stamp: T. Moore, PhD] T. Moore, PhD

Page #:

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE C3 Inpatient Outpatient	Last Name: First Name: MI: Cunningham, Jame CDC# V 72323 DOB 2/16/58

SIERRA CONSERVATION CENTER
INTERDISCIPLINARY TREATMENT TEAM REVIEW

DATE: 4/27/06

Members present: X Moore, T. PhD

( ) Alexander, PhD, Staff Psychologist
X Otto, PhD, Senior Psychologist
X Allen, PhD, Staff Psychologist
( ) Backlund, PhD, Staff Psychologist
( ) Sanchez, LCSW
( ) Hardcastle, PhD, Staff Psychologist
X Lancaster, PhD, Staff Psychologist
( ) Savage, PhD, Staff Psychologist
( ) Halliburton, PhD, Staff Psychologist
( ) Palmer, MD, Staff Psychiatrist
X Lemp, MD, Psychiatrist
X CCI Clark
( ) Inmate attended

Reason for Review:

( ) Initial Review
( ) Treatment Plan Review
( ) Annual Review
( ) Program Review
( ) Program Removal
( ) Case Review
( ) AD SEG Placement
( ) Other ______
( ) ______

Date of AD SEG Placement ______ Initial ICC Date ______ Next ICC Date ______

Reason for Placement ______

Current AD SEG Disp ______

Pertinent Case Factors Discussed ( ) Treatment Plan Reviewed and Signed

Team Input/Recommendations: ( ) Not Applicable

Action Plan: ( ) See Treatment Plan

Other: Follow up — Not E.O.P. Candidate at this time

( ) Appropriate Chrono Completed Next Review Date: ( )

Clinical Case Manager: T. Moore PhD

Signature: T. Moore, PhD

IDTT#1

INMATE: Cunningham, J.

NUMBER: V72323

State of California, Department of Corrections–Institution: SCC Prior Page Number: ________

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
3/2/06 1100	Psych C
	too much stimulation on w
	wants not to go agn ?
	referred to CCM/VOTT for revival
	nondiag/nonpsych/ no other sse
	not S/H
	A/P n/c
	CCP
	optimize
	RT Lpco 3 months
	[signature]
	4-27-06 1500 IDT
	? metabolic syndrome
	[signature]

Page #: ________

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: MI: J72327 CDC# ___ DOB __/__/__

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

CLINICAL CASE MANAGER PROGRESS NOTE

Date/Time 11/08/2005 ; ______

Reason for CM contact: ☒ quarterly contact ☐ staff referral ☐ self-referral ☐ RVR ☐ OHU

☐ custody referral ☐ CCM referral ☐ other ______

S Briefing is going well — I/M has been restless sleeping problems — will refer to psych to discuss meds.

O Appearance: ☒ WNL

Mood: ☒ WNL Affect: ☒ WNL

Thoughts: ☒ WNL Speech: ☒ WNL

Behavior: ☒ WNL Eye contact: ☒ WNL

Sleep: ☐ WNL problems Appetite: ☒ WNL

Hallucinations: ☐auditory ☐visual ☐denies Delusions: ☒ denies

DANGER TO SELF: yes/denied/(no signs) DANGER TO OTHERS: yes/denied/(no signs)

Other:

A GAF: 65 LOC: ☐GP ☒CCCMS ☐EOP Dx: ☒same as MH2 ☐change MH2 (refer to IDTT)

Impressions: ☒stable

P Next scheduled session in _____ days. Continue current Treatment Plan: ☒yes ☐no (if no, refer to IDTT)

Consulted with:

Signature: [signature], PhD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name/First Name/MI: Cunningham James CDC # V-72323 DOB 2/16/58

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

CLINICAL CASE MANAGER PROGRESS NOTE

Date/Time 8 / 12 /2005 : ________

Reason for CM contact: ☒ quarterly contact ☐ staff referral ☐ self-referral ☐ RVR ☐ OHU

☐ custody referral ☐ CCM referral ☐ other ____________

S Went to Classification - put on list for Computer Training - Doing well Sleeping is good. Appetite good.

O Appearance: ☒ WNL

Mood: ☒ WNL Affect: ☒ WNL

Thoughts: ☒ WNL Speech: ☒ WNL

Behavior: ☒ WNL Eye contact: ☒ WNL

Sleep: ☒ WNL Appetite: ☒ WNL

Hallucinations: ☐ auditory ☐ visual ☒ denies Delusions: ☒ denies

DANGER TO SELF: yes/denied/no signs (circled: denied/no signs) DANGER TO OTHERS: yes/denied/no signs (circled: denied/no signs)

Other:

A GAF: 64 LOC: ☐ GP ☒ CCCMS ☐ EOP Dx: ☒ same as MH2 ☐ change MH2 (refer to IDTT)

Impressions: ☒ stable Was Appeal starting in Superior Court San Diego

P Next scheduled session in ____ days. Continue current Treatment Plan: ☒ yes ☐ no (if no, refer to IDTT)

Consulted with: ____________

Signature: [signature] PhD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name/First Name/MI Cunningham James CDC # V72323 DOB 2/16/58

State of California, Department of Corrections — Institution: [illegible] Prior Page Number:

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES — All Staff, Clinicians, Treatment Teams

Date/Time	RC MD	Use Name & Title Stamp
5/18/05	S/O — [illegible]	
12[illegible]	[illegible]	
	[illegible]	
	[illegible]	
	A — [illegible] mood Sx	
	P — [illegible] 30 [illegible]	
	[illegible]	
	[illegible] 4 [illegible]	
	JOHN C [illegible]STON, M.D. Staff Psychiatrist R.J.D.C.F.	
6/22/05	RC MD	
10[illegible]	S/O — [illegible] (Chart 24) He is	
	[illegible]	
	[illegible]	
	[illegible]	
	[illegible]	
	A — [illegible]	
	P — [illegible] 600 [illegible]	
	[illegible]	
	[illegible] 4 [illegible] JOHN C [illegible] Staff Psychiatrist R.J.D.C.F.	
7/27/05	Y T C	
1[illegible]	NAD / no sel / not SI/HI / stable / CPP [illegible]	

Page #

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES

MH-3 (3/21/96)

Confidential Client/Patient Information See W & I Code Section 5328

LEVEL OF CARE: Inpatient / Outpatient (circled)

Last Name: Cunningham First Name: MI:

CDC # V-72323 DOB / /

MENTAL HEALTH TREATMENT PLAN

I. General Information

Treatment Setting **CCCMS**

Arrival Date This Treatment Setting: 1/16/2007

From: SCC

Current Level of Care: ☐ NONE ☑ CCCMS ☐ EOP ☐ MHCB ☐ OTHER

Current Housing: ☐ RC ☑ GP ☐ CTC ☐ ASU ☐ PSU ☐ SHU ☐ OTHER

TODAY'S DATE 1/17/07

NEXT UPDATE 1/17/08

Custody Level: MAX

EPRD: 2014

Date Reviewed: Initials: | Date Reviewed: Initials: | Date Reviewed: Initials:

II. CLINICAL SUMMARY

48 year old AA I/M who transferred from SCC on 1/17/07. He was transferred because of problems with other I/Ms. His diagnoses are: Depressive D/O, NOS + Psychotic D/O, NOS. He is taking Wellbutrin + Seroquel + Vistaril. Reports: insomnia, some depression + paranoia. He has a GED + went to San Diego State College. Has good family support.

III. PROBLEM LIST

Number	Problem	Intervention/Clinician	Goal	Progress / Date
1	~~Seroquel~~	~~8~~		
2	Depression	Cognitive Beh.	Sx reduction	Sx reduction - mild dep.
3	Psychosis	" "	Sx reduction	Sx reduction Some Paranoia
	ETOH	12 Step process	~~dev~~ ~~develop~~ develop recovery plan	Positive Thought process

IV. PSYCHOTROPIC MEDICATION

Number	Problem/Target Symptom	Medication	Goal	Progress / Date
1	Psychosis	Seroquel	Sx reduction	Reduced
2	Depression	Wellbutrin	SX reduction	Reduced
3	Insomnia	Vistaril	Improve sleep	Problems

V. CURRENT RISK FACTORS/BEHAVIORAL ALERTS:

See Form Dated For Detailed Description

Summary: I/M's crime was assault with a deadly weapon. He has hx of violent assault.

VI. RECOMMENDED HOUSING: ☐ Single Cell ☐ Double Cell ☒ No Recommendation

VII. TRANSFER/DISCHARGE TO: ☐ Non-MHSDS ☒ CCCMS ☐ EOP ☐ MHCB ☐ APP ☐ ICF ☐ DTP ☐ Parole

INSTITUTION CMC-E | CLINICIAN S. Rippner, PhD

INMATE BED NUMBER 7268 | DATE 1/17/07

Name (Last, First, MI), CDC Number, DOB

Last Name: **CUNNINGHAM** First Name: **JAMES**

CDCR #: **V72323** DOB: **2/16/1958**

MENTAL HEALTH TREATMENT PLAN
CDCR 7388 (Rev. 06/06)

Confidential Client/Patient Information

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Institution: CMC-E Clinician: S. Rippner, PhD Date:

III. Mental Status Examination

A. Appearance: Well groomed

B. Behavior/Cooperation: Cooperative

C. Orientation: ☒ WNL

D. Speech: ☒ WNL

E. Affect: ☒ WNL ~~Dysphoric~~

F. Mood: ☐ WNL Dysphoric

G. Sleep/Appetite: ☐ WNL "Sleep is terrible" - Has trouble going to sleep
appetite - fair

H. Cognition:

- Fund of Information ☒ WNL
- Intellectual Functioning ☒ WNL
- Concentration ☒ WNL
- Attention ☒ WNL
- Memory ☒ WNL

I. Though Processes: ☒ WNL ☐ Tangential ☐ Circumstantial ☐ Loose

J. Perception:

- Hallucinations ☐ None Hears Voices saying "Hi or Hey"

K. Thought Content:

- Delusions ☐ None Thinks he is going to jumped. It has happened before.
- Ideas of Reference ☒ None
- Obsessions ☒ None
- Magical Thinking ☒ None

L. Insight ☐ WNL fair

Judgment ☐ WNL fair

MENTAL HEALTH TREATMENT PLAN
CDCR 7388 (Rev. 06/06)

Confidential Client/Patient Information

STATE OF CALIFORNIA

Name (Last, First, MI), CDC Number, DOB

Last Name:	First Name:
CUNNINGHAM	JAMES
CDCR #:	DOB:
V72323	2/16/1958

DEPARTMENT OF CORRECTIONS AND REHABILITATION

MENTAL HEALTH TREATMENT PLAN

IX. DIAGNOSIS, CURRENT DSM

Axis I.	311	Depressive D/O, NOS
	298.9	Psychotic D/O, NOS
Axis II.	V71.09	No Diagnosis
Axis III.	Asthma, (L) Knee Injury	
Axis IV.	Incarceration	
Axis V.	GAF= 64	Specify Functional Impairment: Paranoid Behavior (Isolation)

☐ Work/School ☐ ADL ☐ Medical ☒ Interpersonal ☒ Behavior ☐ Psychological

X. TREATMENT TEAM MEMBERS (Please Print) Team: CCC

Name	Position/Title	Signature
S. Rippner, PhD	Psychologist	

[signature] MD

[signature] CSW

INSTITUTION CMC-E	CLINICIAN S. Rippner, PhD
INMATE BED NUMBER 7268	DATE 1/17/07

Name (Last, First, MI), CDC Number, DOB

Last Name: CUNNINGHAM	First Name: JAMES
CDCR #: V72323	DOB: 2/16/1958

MENTAL HEALTH TREATMENT PLAN
CDCR 7388 (Rev. 06/06)

Confidential Client/Patient Information

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

State of California, Department of Corrections: N / C / S Region, Service Area = N, Institution = SCC

MENTAL HEALTH TREATMENT PLAN: Sequential Part One Identifier Number **Page 1 of 2**

☑ Original ☐ Update ☐ Rejustification ☐ CCCMS Annual Case Review

I. General Information:	**By:**	
Arrival Date This Treatment Setting: 7/8/05 ☐ CCCMS ☐ EOP ☐ MHCB/Infirmary ☐ PSU -- ☐ ________ week observation. Anticipated Date of Transfer to GP: __/__/__	☐ Team ☐ Individual Clinician ☐ MH 6 ☐ C File ☐ Health Record ☐ Unit Health Record ☐ MH 1 ☐ MH 4 ☐ Prior MH 2 __/__/__	Today Date 7/21/05 Next Up Date 7/21/06
Custody Level: I / II / (III) / IV / AdS / SHU		

II. Print Treatment Team Members	**Position**	**Telephone & Extension**
Backlund, PhD.	Psych	
Otto, PhD	"	
Church, MD	Psychiat	
Pate CCI	Corr. Couns.	

III. Present Mental Status Date 7/14/05 By LANCASTER Title

A) Appearance ☐ WNL

B) Behavior ☐ WNL Speech ☐ WNL

C) Mood ☐ WNL Sleep ☐ WNL Appetite ☐ WNL Affect ☐ WNL

D) Cognition:
1) Fund of Information ☐ WNL
2) Intellectual Functions ☐ WNL
3) Organization of Thought ☐ WNL
4) Association of Thought ☐ WNL
5) Reality Contact ☐ WNL
6) Thought Quality ☐ WNL

See MH 4 7/14/05

E) Perception Disturbances (Hallucinations) ☐ None

F) Thought Content (Delusions) ☐ None

G) Sensorium (Orientation, Memory, Attention, Concentration) ☐ WNL

H) Insight & Judgment ☐ WNL

I) Interview Attitude ☐ WNL

J) Current Suicidality ☐ None noted or stated.

K) Current Violence Risk ☐ None noted or stated.

MENTAL HEALTH TREATMENT PLANS, UPDATES, REJUSTIFICATION MH 2 [3/29/96] Part One: General, Team, MSE Diagnosis, Problems, Inmate Strengths Part Two: Problem Pages -- Results Use Insert-a-Page of MH 1 Confidential Client/Patient Information See W & I Code, Section 5328	**LEVEL OF CARE** Inpatient Outpatient	Last Name: Cunningham First Name: James MI: CDC # V72323 DOB 2/16/58

Mental Health Treatment Plan Part One: Page 2 of 2

IV. DSM IV Numerical ☐ Last MSE __/__/__ ☐ Last TP __/__/__ MH 1 ☐ __/__/__ Last MH 4 ☐ __/__/__

Axis I	296.90	Mood Dis NOS
	303.90	ETOH
Axis II	799.9	Deferred
Axis III		
Axis IV		(current) Incarceration
Axis V		GAF = 64 Describe basis

V. Problem / Symptom List

#1 Depressive mood Changes

#2

#3

VI. Inmate's Strength and Weakness, Goals Inmate's Treatment Goals, ☐ MH 6 Input

Depressive mood Swings

VII. Plan estimate to transfer to lower level of care:

☐ **Dual Diagnosis** Treatment Readiness ☐ Amenable ☐ Motivated ☐ Resistant

Signature(s)

MENTAL HEALTH TREATMENT PLANS, UPDATES, REJUSTIFICATION MH2 [3/29/96] Part One: General, Team, MSE Diagnosis, Problems, Inmate Strengths Part Two: Problem Pages -- Results Use Insert-a-Page of MH 1 Confidential Client/Patient Information See W & I Code; Section 5328	**LEVEL OF CARE** Inpatient Outpatient	Last Name: First Name: MI: Cunningham James CDC # V72323 DOB 2/16/58

State of California, Department of Corrections: N / C / S Region, Service Area = ___, Institution,

TREATMENT PLAN PART TWO: PROBLEM → # ___ pg. ___ Today Date: 7/21/05

☐Initial Treatment Plan ☐Update because ___ ☐Re-justify, ___ weeks

Prob. #	Describe Problem: Depressive mood	Possible Completion:	Date
		Next Review	Date
	Target Behavior(s): mood Changes Depressed		
	Target Objective(s): Reports fewer mood		
	Changes and not		
	Depressed		

Date	Intervention (s) & Staff Assigned.	Frequency and Duration.	Results.
7/21/05	med mgmt	Daily	
	Cm contact	Q90	
	Inst Program	Daily	
	Declined Group	—	
7/21/06	IDTT annual		
	Cont CCCMS LOC		
	Interventions per above	Moore PhD	

MENTAL HEALTH TREATMENT PLANS, UPDATES, REJUSTIFICATION MH 2 [3/29/96] Part One: General, Team, MSE Diagnosis, Problems, Inmate Strengths Part Two: Problem Pages -- Results Use Insert-a-Page of MH 1 Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: James MI CDC # V72323 DOB 2.16.58

CMC

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.
SCC Weekly Summary of Psych Tech Clinical Rounds ASU/OHU

Jan	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: 2007	7	8	9	10	11	12	13
Suicidal Ideation	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
	Sad	Sad	Sad	Sad	Sad	Sad	Sad
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Affect	Broad	Broad	Broad	Broad	Broad	Broad	Broad
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Orientation	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4
Cooperation	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi
Sleep	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Appetite	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Hygiene	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Med Compliant?	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no am yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A
Current MHSDS Status: ☒CCCMS ☐EOP ☐MHCB				Current Placement: ☐ASU ☒OHU			
Referral	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA
Signature							

SEE MAR

Weekly Summary
Transferred to another facility 1-8-07 428

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: MI: CDC # V72323 DOB __/__/__

1-9-07

State of California, Department of Corrections -- Institution: SCC

Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.	
1-5-07	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE	
	Appearance	☑ WNL
	Behavior	☑ WNL
	Mood	☑ WNL
	Sleep	☑ WNL
	Appetite	☑ WNL
	Affect	☑ WNL
	Suicidality	☑ None noted or stated
	Hallucinations	☑ None
	Delusions	☑ None
	Medications	☑ Helpful
	Referral to psychiatrist needed ☐	
	Progress of identified problems/needs/issues (see MH2)	
	COMMENTS: Seen at cell front: Doing fine no problems to report. Appeared alert and cheerful. Declined an individual visit; transferring on Mon.	

L. Allen, Ph.D
Staff Psychologist
Sierra Conservation Center

Page # ___

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE CCCMS EOP Outpatient	Last Name: Cunningham First Name: MI: CDC # V-72323 DOB __/__/__

State of California, Department of Corrections -- Institution: SCC   Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
12-29-06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE
	Appearance ☑ WNL
	Behavior ☑ WNL
	Mood ☑ WNL
	Sleep ☑ WNL
	Appetite ☑ WNL
	Affect ☑ WNL
	Suicidality ☑ None noted or stated
	Hallucinations ☑ None
	Delusions ☑ None
	Medications ☑ Helpful
	Referral to psychiatrist needed ☐
	Progress of identified problems/needs/issues (see MH2)
	COMMENTS: Seen at cell front:
	Doing fine, no problems to report. Appeared alert
	and calm. Accepted an individual visit.
	[signature]
	L. Allen, Ph.D
	Staff Psychologist
	Sierra Conservation Center
	Page # ____

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES	LEVEL OF CARE	Last Name: First Name: MI:
MH 3 [3/21/96]	CCCMS	Cunningham
Confidential Client/Patient Information See W & I Code, Section 5328	EOP	CDC # V72323 DOB __/__/__
	Outpatient	

State of California, Department of Corrections – Institution: SCC

Prior Page Number : ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
12·27·06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE
	Appearance ☐ WNL
	Behavior ☑ WNL
	Mood ☑ WNL
	Sleep ☐ ~~WNL~~ poor
	Appetite ☑ WNL
	Affect ☑ WNL
	Suicidality ☑ None noted or stated
	Hallucinations ☑ None
	Delusions ☑ None
	Medications ☐ Helpful
	Referral to psychiatrist needed ☑
	Progress of identified problems/needs/issues (see MH2)
	COMMENTS:
	Doing better. Received letters and pictures of family. Also received needed legal paperwork. Will see psychiatrist tomorrow.
	[signature]
	L. Allen, Ph.D Staff Psychologist Sierra Conservation Center
	Page #

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES	LEVEL OF CARE	Last Name: First Name: MI:
MH 3 [3/21/96]	CCCMS	Cunningham, James
Confidential Client/Patient Information See W & I Code, Section 5328	EOP Outpatient	CDC # V-72323 DOB __/__/__

State of California, Department of Corrections – Institution: SCC Prior Page Number: ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.
SCC ASU/OHU

Weekly Summary of Psych Tech Clinical Rounds

DEC	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: 2006	17	18	19	20	21	22	23
Suicidal Ideation	None Noted / Mild / Serious	None Noted / Mild / Serious	None Noted / Mild / Serious	None Noted / Mild / Serious	None Noted / Mild / Serious	None Noted / Mild / Serious	None Noted / Mild / Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
	Sad	Sad	Sad	Sad	Sad	Sad	Sad
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Affect	Broad	Broad	Broad	Broad	Broad	Broad	Broad
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Orientation	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4
Cooperation	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi
Sleep	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Appetite	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Hygiene	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Med Compliant?	am yes no / noon yes no / pm yes no / hs yes no / N/A	am yes no / noon yes no / pm yes no / hs yes no / N/A	am yes no / noon yes no / pm yes no / hs yes no / N/A	am yes no / noon yes no / pm yes no / hs yes no / N/A	am yes no / noon yes no / pm yes no / hs yes no / N/A	am yes no / noon yes no / pm yes no / hs yes no / N/A	am yes no / noon yes no / pm yes no / hs yes no / N/A

Current MHSDS Status: ☑CCCMS ☐EOP ☐MHCB Current Placement: ☑ASU ☐OHU

Referral	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA
Signature	[signature]	[signature]	[signature]	KC	[signature]	KC	KC

Weekly Summary: 12/23/06 I/m shows no s/s of acute mental health decompensation. KC

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: MI: CDC # V-72323 DOB __/__/__

[signature] 1-4-07

State of California, Department of Corrections -- Institution: SCC   Prior Page Number : ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
12-22-06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE
	Appearance ☑ WNL
	Behavior ☑ WNL
	Mood ☑ WNL
	Sleep ☑ WNL
	Appetite ☑ WNL
	Affect ☑ WNL
	Suicidality ☑ None noted or stated
	Hallucinations ☑ None
	Delusions ☑ None
	Medications ☑ Helpful
	Referral to psychiatrist needed ☐
	Progress of identified problems/needs/issues (see MH2)
	COMMENTS: Seen at cell front. Doing fine, no problems to report. Appeared alert and calm. Accepted an individual visit.
	[signature] L. Allen, Ph.D Staff Psychologist Sierra Conservation Center

Page #

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES	LEVEL OF CARE	Last Name: Cunningham First Name: MI:
MH 3 [3/21/96]	CCCMS	
Confidential Client/Patient Information See W & I Code, Section 5328	EOP	CDC # V72323 DOB __/__/__
	Outpatient	

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

SCC

Weekly Summary of Psych Tech Clinical Rounds ASU/OHU

DEC	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: 2006	10	11	12	13	14	15	16
Suicidal Ideation	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
	Sad	Sad	Sad	Sad	Sad	Sad	Sad
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Affect	Broad	Broad	Broad	Broad	Broad	Broad	Broad
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Orientation	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4
Cooperation	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi
Sleep	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Appetite	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Hygiene	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Med Compliant?	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A

Handwritten across Med Compliant? row: N/A

Current MHSDS Status: ☒CCCMS ☐EOP ☐MHCB Current Placement: ☒ASU ☐OHU

Referral	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA
Signature	[signature]	[signature]	[signature]	KC	[signature]	KC	KC

Weekly Summary

12/16/06 I/M is responsive, stable & in no acute mental health distress — K Cowan LPT

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: MI: CDC # V-72323 DOB __/__/__

CMC

State of California, Department of Corrections -- Institution: SCC Prior Page Number: ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.
SCC
Weekly Summary of Psych Tech Clinical Rounds ASU/OHU

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date 12/31/06	31	1	2	3	4	5	6
Suicidal Ideation	None Noted / Mild / Serious	None Noted / Mild / Serious	None Noted / Mild / Serious	None Noted / Mild / Serious	None Noted / Mild / Serious	None Noted / Mild / Serious	None Noted / Mild / Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
	Sad	Sad	Sad	Sad	Sad	Sad	Sad
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Affect	Broad	Broad	Broad	Broad	Broad	Broad	Broad
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Orientation	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4
Cooperation	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi
Sleep	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Appetite	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Hygiene	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Med Compliant?	am yes no / noon yes no / pm yes no / hs yes no / N/A	am yes no / noon yes no / pm yes no / hs yes no / N/A	am yes no / noon yes no / pm yes no / hs yes no / N/A	am yes no / noon yes no / pm yes no / hs yes no / N/A	am yes no / noon yes no / pm yes no / hs yes no / N/A	am yes no / noon yes no / pm yes no / hs yes no / N/A	am yes no / noon yes no / pm yes no / hs yes no / N/A

Current MHSDS Status: ☑CCCMS ☐EOP ☐MHCB Current Placement: ☑ASU ☐OHU

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Referral	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA
Signature	[signature]	[signature]	KC	KC	[signature]	KC	KC

Weekly Summary
1/6/07 I/M IS stable & shows w/o acute MH distress - KC

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: MI: CDC # V72323 DOB ___

#2

State of California, Department of Corrections – Institution: SCC   Prior Page Number: ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.
SCC
Weekly Summary of Psych Tech Clinical Rounds
ASU/OHU

DEC	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: 2006	24	25	26	27	28	29	30
Suicidal Ideation	None Noted / Mild / Serious	None Noted / Mild / Serious	None Noted / Mild / Serious	None Noted / Mild / Serious	None Noted / Mild / Serious	None Noted / Mild / Serious	None Noted / Mild / Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
	Sad	Sad	Sad	Sad	Sad	Sad	Sad
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Affect	Broad	Broad	Broad	Broad	Broad	Broad	Broad
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Orientation	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4
Cooperation	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi
Sleep	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Appetite	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Hygiene	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Med Compliant?	am yes no / noon yes no / pm yes no / hs yes no / N/A	am yes no / noon yes no / pm yes no / hs yes no / N/A	am yes no / noon yes no / pm yes no / hs yes no / N/A	am yes no / noon yes no / pm yes no / hs yes no / N/A	am yes no / noon yes no / pm yes no / hs yes no / N/A	am yes no / noon yes no / pm yes no / hs yes no / N/A	am yes no / noon yes no / pm yes no / hs yes no / N/A

Current MHSDS Status: ☒CCCMS ☐EOP ☐MHCB   Current Placement: ☒ASU ☐OHU

Referral	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA
Signature	[signature]	[signature]	[signature]	KC	[signature]	[signature]	[signature]

Weekly Summary
12/30/06 – I/m alert, responsive, and appears in no acute mental distress. [signature]

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: MI: CDC # V-72323 DOB __/__/__

1-17-07

State of California, Department of Corrections -- Institution: SCC

Prior Page Number : ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Use Name & Title Stamp.

Date/Time:	
12-15-06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE
	Appearance ☑ WNL
	Behavior ☑ WNL
	Mood ☑ WNL
	Sleep ☑ WNL
	Appetite ☑ WNL
	Affect ☑ WNL
	Suicidality ☑ None noted or stated
	Hallucinations ☑ None
	Delusions ☑ None
	Medications ☑ Helpful
	Referral to psychiatrist needed ☐
	Progress of identified problems/needs/issues (see MH2)
	COMMENTS: Seen at cell front:
	Doing fine no problems to report. Appeared alert
	and calm. Accepted an individual visit.
	[signature]

Page # ___

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96]	LEVEL OF CARE CCCMS	Last Name: Cunningham First Name: MI:
Confidential Client/Patient Information See W.& I Code, Section 5328	EOP Outpatient	CDC # V-72323 DOB _/_/_

State of Ca[...]rnia Department of Corrections & [...]habilitation
Sierra Conservation Center Progress Note

Date: 12/11/2006 Time: 1330 EPRD: / / Controlling Case:

S: Patient ID y/o ☐Single/☐Married/☐Common Law/☐Divorced; Children:

HPI & Complaints: [source of information is the patient]

Sleep Problem: ☑None/☐Getting to sleep/☐Staying asleep/☐Early wakening/☐Nightmares

Appetite: ☑Normal/☐Increased/☐Decreased; Energy Level: ☐Normal/☐Increased/☐Decreased

Mood: ☑normal ups and downs/☐Increased anxiety/☐Frequent changes from too euphoric to too depressed/☐Hopeless/ ☐Helpless ☐Feelings of worthlessness/☐Preoccupation with death/☐Passive S/I/☐Active S/I/☐ Suicide Plan/☐Tearful/☐Worries about health/☐Poor concentration/☐Racing thoughts//☐Difficulty controlling anger

Stressors: I/m reported he is doing well but is not getting his well butrin + wants it. He is looking forward to transfer

Drug History: Alcohol Abuse:☐Yes/☐No; D.O.C.: ☐Cocaine/☐Heroin/☐Marijuana/☐Methamphetamine ☐PCP

Allergies ☐ NKDA; **Seizure d/o:** ☐Yes/☐No

Current Psych Medications: ☐None/☐Abilify/☐Benadryl/☐Celexa/☐Depakote/☐Effexor XR/ ☐Elavil/ ☐Geodon/ ☐Lexapro /☐Lithium /☐Paxil /☐Prozac/☐Remeron/☐Risperdal/☐Seroquel/☐Trazodone/ ☐Tenex/☐Vistaril ☐Wellbutrin/☐Zoloft/☐Zyprexa

Side Effects: ☐ Yes ☐ No

Suicide History: ☐ Denies h/o any past suicide attempt;

O: Mental Status Exam

Appearance	☑Average, well formed physically ☐ Obese ☐ Poorly groomed ☐ Facial tattoo, Piercing ____
Behavior	☑Cooperative ☐ Appropriately friendly ☐ reserved ☐ Avoidant
Eye Contact	☑Normal ☐ Poor
Speech	☑Normal rate, volume, latency, and tone ☐ Rapid, pressured speech ☐ Slow ☐ increased paucity
Motor	☑Without Involuntary movements ☐ PMA ☐ PMR ☐ tremor **AIMS SCORE**
Mood today is	☑Euthymic ☐ Dysphoric ☐ Dysthymic ☐ Euphoric
Affect	☑Full range ☐ Constricted ☐ Blunted ☐ Flat
	☑Mood congruent ☐ Mood Incongruent
Thought Processes	☑Goal directed, linear ☐ Tangential ☐ Circumstantial ☐ L.O.A.
Thought Perception	☑No Delusions ☐ Delusions ☐ Illusions
Thought Content	☑No Hallucinations ☐ A.H. ☐ V.H.
Suicidal Ideation	☑Denies, currently stable, NO SI ☐ SI ☐ Intent ☐ Means ☐ Plan
Homicidal Ideation	☑Denies any, at present time, None evident ☐ HI ☐ Intent ☐ Means ☐ Plan
Insight	☑Good ☐ Limited ☐ Poor
Judgment	☑Good ☐ Limited ☐ Poor

LAB RESULTS:

ASSESSMENT

Axis I Depression d/o NOS

Axis II ☐ **Deferred**

Axis III

Axis IV **Incarceration** Yrs: Mos: ☐ Uncertain about date of parole.

Axis V Current GAF = 58

PLAN ☐ **Labs Ordered** **RTC:**

☐ Continue current psych med regimen ☐ Revise current psych med regimen

☐ Patient noted to show improvement and progress on current medications. Rationale for revision / continuing:

D/C Seroquel / wellbutrin on med

PATIENT EDUCATION

☐ Medication Informed Consent Obtained

☐ Patient educated about the nature of his mental illness; risks, benefits, and alternatives to treatment options, most common and serious side effects discussed including but not limited to carbohydrate metabolism and potential suicidality.

☐ sleep hygiene ☐ compliance ☐ relapse prevention

☐ Patient refuses psych meds, does not meet criteria for Keyhea, & Med Refusal form is in file.

Print Name: MICHAEL W. MADDOX, M.D. **Signature:** Michael Maddox, MD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [26 March 2006] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE: ☐ Inpatient ☑ Outpatient	Name: CUNNINGHAM, JAMES DOB 2-16-58 CDC # V72323 Date: 12-11-06

PSYCHIATRY

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
12-8-06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE
	Appearance ☑ WNL
	Behavior ☑ WNL
	Mood ☑ WNL
	Sleep ☑ WNL
	Appetite ☑ WNL
	Affect ☑ WNL
	Suicidality ☑ None noted or stated
	Hallucinations ☑ None
	Delusions ☑ None
	Medications ☑ Helpful
	Referral to psychiatrist needed ☐
	Progress of identified problems/needs/issues (see MH2)
	COMMENTS: Seen at cell front: Doing fine, no problems to report. Appeared alert and calm. Accepted an individual visit.
	[signature]
	L. Allen, Ph.D Staff Psychologist Sierra Conservation Center

Page #

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96]	LEVEL OF CARE CCCMS	Last Name: First Name: MI: Cunningham
Confidential Client/Patient Information See W & I Code, Section 5328	EOP Outpatient	CDC # V-72323 DOB __/__/__

State of California, Department of Corrections -- Institution: SCC

Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

SCC

Weekly Summary of Psych Tech Clinical Rounds

ASU/OHU

Dec	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: 2006	3	4	5	6	7	8	9
Suicidal Ideation	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
	Sad	Sad	Sad	Sad	Sad	Sad	Sad
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Affect	Broad	Broad	Broad	Broad	Broad	Broad	Broad
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Orientation	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4
Cooperation	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi
Sleep	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Appetite	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Hygiene	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Med Compliant?	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A

Current MHSDS Status: ☐CCCMS ☐EOP ☐MHCB Current Placement: ☐ASU ☐OHU

Referral	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA
Signature				KC	KC	KC	KC

Weekly Summary: 12/9/06 I/M stable, cooperative & in no acute MH distress — K. Connell PT

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: MI: CDC # V-72323 DOB __/__/__

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ____

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.
SCC
Weekly Summary of Psych Tech Clinical Rounds ASU/OHU

Nov-Dec.	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: 2006	11/26	11/27	11/28	11/29	11/30	12/1	12/2
Suicidal Ideation	None Noted / Mild / Serious	None Noted / Mild / Serious	None Noted / Mild / Serious	None Noted / Mild / Serious	None Noted / Mild / Serious	None Noted / Mild / Serious	None Noted / Mild / Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
	Sad	Sad	Sad	Sad	Sad	Sad	Sad
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Affect	Broad	Broad	Broad	Broad	Broad	Broad	Broad
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Orientation	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4
Cooperation	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi
Sleep	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Appetite	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Hygiene	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Med Compliant?	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A

Current MHSDS Status: ☒CCCMS ☐EOP ☐MHCB Current Placement: ☒ASU ☐OHU

Referral	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA
Signature	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]

Weekly Summary
Scheduled for IDTT 11-29
Scheduled for ICC 11/30/06 [signature]
12/2/06 I/m stable - In no acute mental distress at this time. [signature], LPT

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: CUNNINGHAM First Name: MI: CDC # V-72323 DOB __/__/__

Clinical Summary Outline for ICC

Institution Name: SCC **Housing, prior to AD/SEG:** ____________

1. Inmate Name and CDC#	Cunningham V72323
2. Date placed in AD/SEG	
3. a. Documented reason(s) for placement in AD/SEG b. Inmate's perception of incident	Safety
4. Type of Review (circle one)	114-D Review (Initial ICC) 30-day Review RVR
5. Single cell/Double cell suitability (circle one)	Single cell (Double cell)
6. a. Apparent ability to understand Due Process, including the disciplinary and classification process (circle one) b. Needs staff assistant	(Yes) No Unable to determine Yes (No)
7. MHSDS current Level Of Care (circle one)	Non-patient (CCCMS) EOP MHCB
8. Date first included in the MHSDS	
9. Response to treatment (circle one)	Poor Fair (Good) (Medication complaint) non-complaint Unable Unwilling
10. Behavioral Alerts	Suicidal behavior/risk Assaultive behavior/risk Vulnerable (likely to be victimized) ADL adequate Needs assistance
11. IDTT Recommendation for Level of Care (circle one)	Non-patient (CCCMS) EOP MHCB
12. Prognosis for stabilization, if AD/SEG placement continues (circle one)	Poor Guarded Fair (Good)
13. IDTT Recommendation for alternative placement (circle one)	CCCMS (GP) L4 EOP PSU DMH
14. IDTT Recommendation--Other	

ICC date and action: 11/30/06 Hold pending transfer

Inmate behavior during ICC and response to ICC action: Agitated, angry, understood, finally agreed

Next ICC scheduled for: ____________

ICC decision overruled IDTT recommendation for alternative placement. Special Review is scheduled for: ____________

Allen [signature] 11-30-06

Clinician's Name Signature Date

GAP 2545

ASU INTERDISCIPLINARY TREATMENT TEAM REVIEW

DATE: 11-29-06

Members present:
- (✓) L. Allen, Ph.D
- (✓) Maddox, MD, Psychiatrist
- ( ) R. Otto, Ph.D
- ( ) L. Brady, LPT
- (✓) L. Day, LPT
- (✓) Inmate attended
- (✓) C/O Hope
- (✓) CC Esquer
- ( ) CCII

Reason for Review:
- (✓) Initial Review
- ( ) Treatment Plan Review
- ( ) Annual Review
- (✓) Case Review
- ( ) Program Removal
- ( ) AD SEG Placement
- ( ) Other:

Administrative Segregation Issues (if applicable)

Date of AD SEG Placement: ______ Initial ICC Date: ______ Next ICC Date: ______
Reason for Placement: ______

Current AD SEG Disp: ______

Pertinent Case Factors Discussed: ( ) Treatment Plan Reviewed and Signed

Team Input/Recommendations: ( ) Not Applicable

Action Plan: ( ) See Treatment Plan
Other: ICC tomorrow

( ) Appropriate Chrono Completed   Next Review Date: ( ) ______

Clinical Case Manager: (circle one) L. Allen, Ph.D (circled)   None   INMATE: Cunningham

Signature: [signature]   NUMBER: V2323

IDTT AdSeg.doc

State of California, Department of Corrections -- Institution: SCC   Prior Page Number : ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.	
11-29-06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE	
	Appearance	☑ WNL
	Behavior	☑ WNL
	Mood	☑ WNL
	Sleep	☑ WNL
	Appetite	☑ WNL
	Affect	☑ WNL
	Suicidality	☑ None noted or stated
	Hallucinations	☑ None
	Delusions	☑ None
	Medications	☐ Helpful
	Referral to psychiatrist needed ☐	
	Progress of identified problems/needs/issues (see MH2)	
	COMMENTS:	
	Battered on SCC III. Basically doing fine; not too upset. Says it was just politics. Discussed ASU issues	
	[signature]	

Page #

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96]	LEVEL OF CARE CCCMS	Last Name: First Name: MI: Cunningham, James
Confidential Client/Patient Information See W & I Code, Section 5328	EOP Outpatient	CDC # V-72323 DOB __/__/__

State of California, Department of Corrections -- Institution: SCC   Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
11-28-06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE
	Appearance ☐ WNL eyes are very red
	Behavior ☑ WNL
	Mood ☑ WNL
	Sleep ☐ WNL poor
	Appetite ☑ WNL
	Affect ☑ WNL
	Suicidality ☑ None noted or stated
	Hallucinations ☑ None
	Delusions ☑ None
	Medications ☐ Helpful
	Referral to psychiatrist needed ☑
	Progress of identified problems/needs/issues (see MH2)
	COMMENTS:
	Wants a meds adjustment. Will refer
	to psychiatrist tomorrow. Basically
	doing very well. Will go to ICC this week.
	[signature]
	L. Allen, Ph.D
	Staff Psychologist
	Sierra Conservation Center Page #____

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES	LEVEL OF CARE	Last Name: First Name: MI:
MH 3 [3/21/96]	CCCMS	Cunningham, James
Confidential Client/Patient Information See W & I Code, Section 5328	EOP Outpatient	CDC# V-72323 DOB __/__/__

State of California, Department of Corrections — Institution: SCC Prior Page Number: ____

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

SCC

Weekly Summary of Psych Tech Clinical Rounds

ASU/OHU

Nov 2006	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date:	19	20	21	22	23	24	25
Suicidal Ideation	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
	Sad	Sad	Sad	Sad	Sad	Sad	Sad
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Affect	Broad	Broad	Broad	Broad	Broad	Broad	Broad
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Orientation	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4
Cooperation	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi
Sleep	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Appetite	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Hygiene	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Med Compliant?	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A

SEE MAR

Current MHSDS Status: ☒CCCMS ☐EOP ☐MHCB Current Placement: ☒ASU ☐OHU

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Referral	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA
Signature			KCLPT	[illegible]	[illegible]	[illegible]	KCLPT

Weekly Summary: Arrived in Ad-SEG late 10/20/06 [illegible] 11/23/06 @ AM Wellbutrin states [illegible] tired in AM [illegible] otherwise in no acute mental distress. KC 11/23

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: MI: CDC # V-72323 DOB __/__/__

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.	
1-22-06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE	
	Appearance	☑ WNL
	Behavior	☑ WNL
	Mood	☑ WNL
	Sleep	☑ WNL
	Appetite	☑ WNL
	Affect	☑ WNL
	Suicidality	☑ None noted or stated
	Hallucinations	☑ None
	Delusions	☑ None
	Medications	☑ Helpful
	Referral to psychiatrist needed ☐	
	Progress of identified problems/needs/issues (see MH2)	
	COMMENTS: Seen at cell front: Doing fine, no problems to report. Appeared alert and calm. Accepted an individual visit.	
	[signature]	
	L. Allen, Ph.D Staff Psychologist Sierra Conservation Center	

Page # ________

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE CCCMS EOP Outpatient	Last Name: Cunningham First Name: MI: CDC # V-72323 DOB __/__/__

State of Ca[illegible]nia Department of Corrections & R[illegible]abilitation
Sierra Conservation Center Progress Note

Date: 11 / 6 / 2006 **Time:** 1330 **EPRD:** / / **Controlling Case:**

S: Patient ID: 48 y/o ☐Single/☐Married/☐Common Law/☐Divorced, Children:

HPI & Complaints: [source of information is the patient]

Sleep Problem ☑None/☐Getting to sleep/☐Staying asleep/☐Early wakening/☐Nightmares

Appetite: ☐Normal/☐Increased/☐Decreased; Energy Level: ☐Normal/☐Increased/☐Decreased

Mood: ☑normal ups and downs/☐Increased anxiety/☐Frequent changes from too euphoric to too depressed/☑Hopeless/☐Helpless/☐Feelings of worthlessness/☐Preoccupation with death/☐Passive S/I/☐Active S/I/☐ Suicide Plan/☐Tearful/☐Worries about health/☐Poor concentration/☐Racing thoughts/☐Difficulty controlling anger

Stressors: I/M reported he is taking his meds + they working for him

Drug History: Alcohol Abuse ☐Yes/☐No; D.O.C. ☐Cocaine/☐Heroin/☐Marijuana/☐Methamphetamine ☐PCP

Allergies ☐ NKDA; **Seizure d/o:** ☐Yes/☐No

Current Psych Medications: ☐None/☐Abilify/☐Benadryl/☐Celexa/☐Depakote/☐Effexor XR/ ☐Elavil/ ☐Geodon/☐Lexapro /☐Lithium /☐Prozac ☑Remeron/☐Risperdal/☐Seroquel/☐Trazodone/ ☐Tenex/☐Vistaril ☐Wellbutrin/☐Zoloft/☐Zyprexa

Side Effects: ☐ Yes ☐ No

Suicide History: ☐ Denies h/o any past suicide attempt

O: Mental Status Exam

Appearance	☑Average, well formed physically ☐ Obese ☐ Poorly groomed ☐ Facial tattoo, Piercing ________	
Behavior	☑Cooperative ☐ Appropriately friendly ☐ reserved ☐ Avoidant	
Eye Contact	☐Normal ☐ Poor	
Speech	☐Normal rate, volume, latency, and tone ☐ Rapid, pressured speech ☐ Slow ☐ increased paucity	
Motor	☑Without Involuntary movements ☐ PMA ☐ PMR ☐ tremor	AIMS SCORE
Mood today is	☑ Euthymic ☐ Dysphoric ☐ Dysthymic ☐ Euphoric	
Affect	☑Full range ☐ Constricted ☐ Blunted ☐ Flat ☑Mood congruent ☐ Mood Incongruent	
Thought Processes	☑Goal directed, linear ☐ Tangential ☐ Circumstantial ☐ L.O.A.	
Thought Perception	☑No Delusions ☐ Delusions ☐ Illusions	
Thought Content	☑No Hallucinations ☐ A.H. ☐ V.H.	
Suicidal Ideation	☑Denies, currently stable, NO SI ☐ SI	☐ Intent ☐ Means ☐ Plan
Homicidal Ideation	☑Denies any, at present time, None evident ☐ HI	☐ Intent ☐ Means ☐ Plan
Insight	☑Good ☐ Limited ☐ Poor	
Judgment	☑Good ☐ Limited ☐ Poor	

LAB RESULTS:

ASSESSMENT

Axis I Depressive d/o NOS

Axis II ☑ **Deferred**

Axis III

Axis IV **Incarceration** Yrs Mos ☐ Uncertain about date of parole

Axis V Current GAF = 55

PLAN ☐ **Labs Ordered** **RTC:** 1 mo

☑Continue current psych med regimen ☐ Revise current psych med regimen

☐ Patient noted to show improvement and progress on current medications

Rationale for revision / continuing:

D/W staff on meds

PATIENT EDUCATION

☐ Medication Informed Consent Obtained

☐ Patient educated about the nature of his mental illness; risks, benefits, and alternatives to treatment options, most common and serious side effects discussed including but not limited to carbohydrate metabolism and potential suicidality.

☐ sleep hygiene ☐ compliance ☐ relapse prevention

☐ Patient refuses psych meds, does not meet criteria for Keyhea, & Med Refusal form is in file.

Print Name: MICHAEL W. MADDOX, M.D. **Signature:** Michael Maddox MD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [26 March 2006] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE: ☐ Inpatient ☐ Outpatient	Name: Cunningham, Jane DOB 2/16/58 CDC # V72323 Date 11-6-06

State of Ca[...]nia Department of Corrections & [...]itation
Sierra Conservation Center Progress No[...]e

Date: 10/22/2006 **Time:** 1400 **EPRD:** 1/1/4 **Controlling Case:**

S: Patient ID: 48 y/o ☐Single/☐Married/☐Common Law/☐Divorced; Children: 7 children

HPI & Complaints: [source of information is the patient]

Sleep Problem: ☑None/☐Getting to sleep/☐Staying asleep/☐Early wakening/☐Nightmares

Appetite: ☑Normal/☐Increased/☐Decreased; Energy Level: ☐Normal/☐Increased/☐Decreased

Mood: ☑normal ups and downs/☐Increased anxiety/☐Frequent changes from too euphoric to too depressed/☐Hopeless/☐Helpless ☐Feelings of worthlessness/☐Preoccupation with death/☐Passive S/I/☐Active S/I/☐ Suicide Plan/☐Tearful/☐Worries about health/☐Poor concentration/☐Racing thoughts//☐Difficulty controlling anger

Stressors: I/M reported that he has been accused of not taking his medication when he was reluctant to open his mouth to be checked. He feels it is demeaning.

Drug History: Alcohol Abuse ☐Yes/☐No; D.O.C. ☐Cocaine/☐Heroin/☐Marijuana/☑Methamphetamine ☐PCP

Allergies: ☐ NKDA; **Seizure d/o:** ☐Yes/☐No

Current Psych Medications: ☐None/☐Abilify/☑Benadryl/☐Celexa/☐Depakote/☐Effexor XR/ ☐Elavil/ ☐Geodon/☐Lexapro /☐Lithium /☐Prozac ☑Remeron/☐Risperdal/☐Seroquel/☐Trazodone/ ☐Tenex/☐Vistaril ☑Wellbutrin/☐Zoloft/☐Zyprexa

Side Effects: ☐ Yes ☑ No

Suicide History: ☐ Denies h/o any past suicide attempt

O: Mental Status Exam

Appearance	☑ Average, well formed physically ☐ Obese ☐ Poorly groomed ☐ Facial tattoo, Piercing ____________
Behavior	☑ Cooperative ☐ Appropriately friendly ☐ reserved ☐ Avoidant
Eye Contact	☑ Normal ☐ Poor
Speech	☑ Normal rate, volume, latency, and tone ☐ Rapid, pressured speech ☐ Slow ☐ increased paucity
Motor	☑ Without Involuntary movements ☐ PMA ☐ PMR ☐ tremor **AIMS SCORE**
Mood today is	☑ Euthymic ☐ Dysphoric ☐ Dysthymic ☐ Euphoric
Affect	☑ Full range ☐ Constricted ☐ Blunted ☐ Flat ☑ Mood congruent ☐ Mood Incongruent
Thought Processes	☑ Goal directed, linear ☐ Tangential ☐ Circumstantial ☐ L.O.A.
Thought Perception	☑ No Delusions ☐ Delusions ☐ Illusions
Thought Content	☑ No Hallucinations ☐ A.H. ☐ V.H.
Suicidal Ideation	☑ Denies, currently stable, NO SI ☐ SI ☐ Intent ☐ Means ☐ Plan
Homicidal Ideation	☑ Denies any at present time, None evident ☐ HI ☐ Intent ☐ Means ☐ Plan
Insight	☑ Good ☐ Limited ☐ Poor
Judgment	☑ Good ☐ Limited ☐ Poor

LAB RESULTS:

ASSESSMENT

Axis I Depressed d/o NOS

Axis II ☑ Deferred

Axis III

Axis IV **Incarceration** Yrs Mos ☐ Uncertain about date of parole

Axis V Current GAF = 55

PLAN ☐ **Labs Ordered** **RTC:** 11-21-06

☑ Continue current psych med regimen ☐ Revise current psych med regimen

☐ Patient noted to show improvement and progress on current medications. Rationale for revision / continuing

I/M instructed to have to submit to mouth checks to receive medication

PATIENT EDUCATION

☐ Medication Informed Consent Obtained

☐ Patient educated about the nature of his mental illness, risks, benefits, and alternatives to treatment options, most common and serious side effects discussed including but not limited to carbohydrate metabolism and potential suicidality.

☑ sleep hygiene ☑ compliance ☑ relapse prevention

☐ Patient refuses psych meds, does not meet criteria for Keyhea, & Med Refusal form is in file.

Print Name: MICHAEL W. MADDOX, M.D. **Signature:** Michael Maddox, MD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [26 March 2006] Confidential Client/Patient Information See W & I Code, Section 5328.	LEVEL OF CARE: ☐ Inpatient ☑ Outpatient	Name: Cunningham, James DOB: 2/6/58 CDC #: V72323 Date: 10/22/06

PSYCHIATRY

Please FILE

State of California Department of Corrections & Rehabilitation
Sierra Conservation Center Progress Note

Date: 10/16/2006 Time: 1500 Face to face interview ☑Yes/☐No **EPRD:** 2014

SUBJECTIVE: Patient ID: 48 y/o ☑Single/☐Married/☐Common Law/☐Divorced; Children: 6

HPI & Complaints: [source of information is the patient]

Pt feels he needs more energy in the afternoon. He feels little depressed at times

Drug History: Alcohol Abuse:☐Yes/☐No; D.O.C.: ☐Cocaine/☐Heroin/☐Marijuana/☐Methamphetamine ☐PCP

Allergies ☐ NKDA; **Seizure d/o:** ☐Yes/☑No

Current Psych Medications: ☐Benadryl/☐Celexa/☐Depakote/☐Effexor XR/ ☐Geodon/☐Lexapro /☐Lithium /☐Prozac ☐Remeron/☑Seroquel/☐Trazodone/☐Wellbutrin/☐Zoloft/☐Zyprexa Wellbutrin

Side Effects: ☐ Yes ☐ No

Suicide History: ☐ Denies h/o any past suicide attempt,

OBJECTIVE Mental Status Exam

Appearance	☑ Average, well formed physically ☐ Obese ☐ Poorly groomed ☐ Facial tattoo, Piercing ________
Behavior	☑ Cooperative ☐ Appropriately friendly ☐ reserved ☐ Avoidant
Eye Contact	☑ Normal ☐ Poor
Speech	☑ Normal rate, volume, latency, and tone ☐ Rapid, pressured speech ☐ Slow ☐ increased paucity
Motor	☑ Without involuntary movements ☐ PMA ☐ PMR ☐ tremor **AIMS SCORE**
Mood today is	☑ Euthymic ☐ Dysphoric ☐ Dysthymic ☐ Euphoric
Affect	☑ Full range ☐ Constricted ☐ Blunted ☐ Flat
	☑ Mood congruent ☐ Mood Incongruent
Thought Processes	☑ Goal directed, linear ☐ Tangential ☐ Circumstantial ☐ L.O.A.
Thought Perception	☑ No Delusions ☐ Delusions ☐ Illusions
Thought Content	☑ No Hallucinations ☐ A.H. ☐ V.H.
Suicidal Ideation	☑ Denies, currently stable, NO SI ☐ SI ☐ Intent ☐ Means ☐ Plan
Homicidal Ideation	☑ Denies any, at present time; None evident ☐ HI ☐ Intent ☐ Means ☐ Plan
Insight	☑ Good ☐ Limited ☐ Poor
Judgment	☑ Good ☐ Limited ☐ Poor

LAB RESULTS:

ASSESSMENT

Axis I Depressive d/o NOS

Axis II ☐ **Deferred**

Axis III

Axis IV **Incarceration** Yrs. 2 Mos. ☐ Uncertain about date of parole

Axis V Current GAF = 50

PLAN ☐ **Labs Ordered** **RTC:**

☐ Continue current psych med regimen ☐ Revise current psych med regimen

☐ Patient noted to show improvement and progress on current medications. Rationale for revision / continuing:

↑ Wellbutrin to 100 q AM + 150 q PM

PATIENT EDUCATION

☐ Medication Informed Consent Obtained

☑ Patient educated about the nature of his mental illness; risks, benefits, and alternatives to treatment options, most common and serious side effects discussed including but not limited to carbohydrate metabolism and potential suicidality.

☐ sleep hygiene ☑ compliance ☐ relapse prevention

☐ Patient refuses psych meds, does not meet criteria for Keyhea, & Med Refusal form is in file.

Print Name: MICHAEL W. MADDOX, M.D. **Signature:** Michael Maddox MD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [26 March 2006] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE: ☐ Inpatient ☑ Outpatient	Name: Cunningham, James DOB: 2/16/58 CDC # V72323 Date: 10-16-06

State of California, Department of Corrections–Institution: S C C Prior Page Number: ______

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES All Staff, Clinicians, Treatment Teams.

Date/Time:	[EPRD 2014] Use Name & Title Stamp:
10/2/06	Ψ Note – 90 Day CM F/U "hope next yr – I've got an appeal"
S:	"I'm good – the medications fine. It helps c̄ day to day coping c̄ the penitentiary system. You know officers give you a bad X ... I'm in Bldg 5 – I go to Cel Recovery, Visiting, Medical – I get around – I'm working a good program. I go to computer class – @ August I had a breakdown – I felt my recovery wasn't working, everyone was out to get me ... I've only been really working Recovery/faith ~9 months"
O:	I/M is a 52 D, big AA fa(30 → 6 y.o.) [7 children]. "The boys are all grown, my mother is kinda in charge, my ex-wife resented that but I felt it was best for the girls". MSE: Fully WNL's Ø DTS, Ø hx SAs; Ø DTO's currently. I/M freely admits to violent hx, but reports extensive, sincere efforts toward Δ. Ø ψtic sxs, Ø acute sxs of mood D.O. I/M med compliant c̄ Ø (-) S.E's
A	Very personable, engaging, forthcoming, seemingly sincere I/M striving for self-improvement & Δ.
	Ψ Dxs: axis I Dep D.O. NOS & EtOH Dep – Inst Remission
	axis II V71.01 Adult Antisoc Behavior / V71.02 Child (Hx Gang Involvement)
	GAF = 70
P:	– Cont Ψiatry as sched.
	– Cont Clin Case Mgt F/U ≤ 90 days &/or I/M request.

Page #: G. Moore, PhD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE C3 Inpatient (Outpatient)	Last Name: First Name: MI: Cunningham, James CDC# V72323 DOB 2/16/58

VOS 20399

SIERRA CONSERVATION CENTER
INTERDISCIPLINARY TREATMENT TEAM REVIEW

DATE 7/20/06

Members present:
(X) Moore PhD, Staff Psychologist
(X) Otto, PhD, Senior Psychologist
( ) Allen, PhD, Staff Psychologist
( ) Backlund, PhD, Staff Psychologist
( ) Sanchez, LCSW
(X) Parks PhD, Staff Psychologist
( ) Lancaster, PhD, Staff Psychologist
( ) Savage, PhD, Staff Psychologist
( ) Halliburton, PhD, Staff Psychologist
( ) Palmer, MD, Staff Psychiatrist
(X) Lemp, MD, Psychiatrist
(X) CCI Lopez
( ) Inmate attended

Reason for Review:
( ) Initial Review
( ) Treatment Plan Review
(X) Annual Review
( ) Program Review
( ) Program Removal
( ) Case Review
( ) AD SEG Placement
( ) Other: ______
( ) ______

Date of AD SEG Placement ______ Initial ICC Date ______ Next ICC Date ______
Reason for Placement ______

Current AD SEG Disp ______

Pertinent Case Factors Discussed (X) Treatment Plan Reviewed and Signed

Team Input/Recommendations (X) Not Applicable

Action Plan (X) See Treatment Plan
Other:
Cont. C̄ LOC

( ) Appropriate Chrono Completed Next Review Date ( ) 7/20/07

Clinical Case Manager: INMATE Cunningham, J.

Signature Y. Moore, PhD NUMBER V72323

IDTT#1

STATE OF CALIFORNIA
COUNTY OF SAN LUIS OBISPO

I am the party of the above entitled actions, a citizen of the United States and over the age of eighteen years, and a resident of San Luis Obispo County. My current address is:

California Men's Colony-East
P.O. Box 8101 Room_______
San Luis Obispo, CA. 93409-8101

I CERTIFY (OR DECLARE), UNDER PENALTY OF PERJURY, THAT THE FOREGOING IS TRUE AND CORRECT.
EXECUTED ON 3-18, 2008, AT SAN LUIS OBISPO, CALIFORNIA, 93409-8101.

James Cunningham
PETITIONER

PROOF OF SERVICE BY MAIL

STATE OF CALIFORNIA
COUNTY OF SAN LUIS OBISPO

I AM A RESIDENT OF SAID COUNTY, I AM OVER THE AGE OF EIGHTEEN YEARS AND NOT A PARTY TO THE ABOVE ENTITLED ACTION. MY BUSINESS ADDRESS IS:

CALIFORNIA MEN'S COLONY-EAST
P.O. BOX 8101 / Room_______
SAN LUIS OBISPO, CALIFORNIA 93409-8101

ON 3-18, 2008, I SERVED THE WITHIN To Clerk: United States District Court Southern

ON THE PARTY: Attorney General - To the honorable court

IN SAID ACTION, BY PLACING A TRUE COPY THEREOF IN A SEALED ENVELOPE WITH POSTAGE THEREON PREPAID, IN THE UNITED STATES MAIL, AT CALIFORNIA MEN'S COLONY, SAN LUIS OBISPO, CALIFORNIA, 93409-8101, ADDRESSED AS FOLLOWS:

I DECLARE, UNDER PENALTY OF PERJURY, THAT THE FOREGOING IS TRUE AND CORRECT.
EXECUTED ON 3-18, 2008, AT SAN LUIS OBISPO COUNTY, CALIFORNIA.

[signature]
SIGNATURE OF DECLARANT

(REV.6/07)